Findings of final evaluation
“HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania”

Bertrand Redonnet
Riga, 24 March 2011
Final evaluation

- **Purpose and scope:**
  Assess the impact of the project and the investment made;
  Assess the results of the project and demonstrate to what extent it has achieved its objectives and has been relevant, efficient, cost effective and sustainable;
  Provide information for better decision-making of UNODC management (best practices and lessons learned);
  Serve as a mean to empower project stakeholders and beneficiaries;
  Ultimately contribute the overall project goal of Estonia, Latvia and Lithuania addressing the HIV/AIDS epidemics among injecting drug users and in prison settings.

- **Methodology:**
  Country visits 26 January and 8 February 2011
  Qualitative methods, semi-structured interviews and group discussions conducted with Core Learning Partners. Secondary data collection: project reports and literature, national information systems

- **Limitations to the evaluation**
- Draft report for circulation
- UNODC evaluation guidelines
Relevance of the project

• The project is highly relevant to the national responses to HIV in the Baltic States and also appropriate for UNODC given its leading role among IDUs and in prison settings within the UNAIDS joint programme and its expertise in criminal justice systems.

• Planned duration and resources

• Objectives: consensus, capacity building, training, strategic information, service provision

• Selected interventions from a comprehensive package for HIV prevention and care among IDUs and in prisons. Focus on the coverage and quality of MMT in all settings, NSP in community, targeted HIV education in prisons, and advocacy for NSP in prisons.
Project design

- **Objective 1:** Build national and regional *consensus* on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons.
  - Output 1.1 National HIV/AIDS strategies and action plans amended
- **Objective 2:** Increase *coverage* of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings.
  - Output 2.1 Improved institutional and professional *capacity* to address HIV/AIDS among injecting drug users and in prisons.
  - Output 2.2 Increased *access* to HIV/AIDS prevention and care services for injecting drug users and in prison settings
- **Objective 3:** Generate and share strategic information to keep the programme on track and to respond appropriately to the evolving HIV/AIDS epidemics among injecting drug users and in prison settings.
  - Output 3.1 All stakeholders are provided with *strategic information* and analysis on which they can base policy decisions concerning HIV/AIDS prevention and care among injecting drug users and in prison settings.
Attainment of the project objectives and achievement of outputs

Consensus

- A consensus has emerged on effective implementation strategies: harm reduction, MMT
- Consensus on HIV interventions and harm reduction in prisons has been slower to emerge than for the community in spite of encouraging achievements
- Involvement of Ministries of Justice and prison departments
- Cooperation between Ministries of Health and Ministries of Justice
- Involvement of civil society in national responses to HIV/AIDS and added value of NGOs for providing services.
Capacity building, training, strategic information

- Capacity building initiatives have included developing technical guidelines, training modules and materials for HIV/AIDS prevention and care for service providers, injecting drug users and in prison settings.
- Introducing training on harm reduction in prison is an achievement of the project.
- Strategic information increased availability of strategic information through supporting a number of studies and reviews and developing publications and information material, including a comprehensive project website.
- Beneficial given dialogue and participation. e.g. interventions
- Institutional and human capacity in the three countries to steer and implement effective responses to HIV among IDUs and in prisons.
Services in the community

• Increase in coverage and access to services with expansion of Methadone Maintenance Therapy services (MMT) and Needle and Syringe Programmes in the community in the three countries.

• Coverage remains low in Latvia and Lithuania, and to a lesser extent in Estonia.

• Quality assurance of services, e.g. MMT.

• Pilot project contribute to the integration of services, for MMT and ART in Estonia and MMT and TB in Latvia.

• Pilot project for overdose prevention with naloxone has yet to be implemented in Estonia.
Prisons

- Some achievements for HIV prevention and care in prisons during the project.
- MMT is available in all prisons in Estonia only.
- In Lithuania and Estonia, MMT is available for drug users in police arrest houses.
- Training remains point of entry. May have impact on inmates’ experience of confinement and intimacy.
<table>
<thead>
<tr>
<th>Type of service</th>
<th>ESTONIA</th>
<th>LATVIA</th>
<th>LITHUANIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Achievements of the project</strong></td>
<td>Focus on quality rather than quantity of services in the community given that there was better coverage at onset yet low quality services. MMT in police arrest houses and prisons.</td>
<td>Expansion to 10 sites in 2010, up from one at the start of the project. Drug users receiving MMT has increased 3.4 times since 2006 and reached 271 in 2010.</td>
<td>Expansion to 21 sites, including a mobile clinic. Number of drug users receiving MMT has doubled since 2006 and reached 712 at the end of 2010. Police referrals for treatment. MMT in police arrest houses.</td>
</tr>
<tr>
<td><strong>Sustainability/ Risks and constraints</strong></td>
<td>Funding for MMT is provided from national health insurance funds. Shortage of psychiatrists. Expansion needed to the South.</td>
<td>Funding for MMT is provided from national health insurance funds. Requirement to start therapy at the in-patient unit in the Riga Centre of Psychiatry and Addiction Disorders. Lack of incentive for specialist prescribing.</td>
<td>Funding for MMT is provided from national health insurance funds. Coverage remains low (&lt;20% of DUs). Lack of incentive for specialist prescribing. No MMT in Visaginas.</td>
</tr>
<tr>
<td><strong>NSP</strong></td>
<td>Primary and secondary exchange. Good coverage.</td>
<td>Funding uncertain for some NSPs.</td>
<td>Funding from municipalities uncertain in cities other than Vilnius: e.g. Klaipeda, Mazeikiai.</td>
</tr>
<tr>
<td><strong>Prisons</strong></td>
<td>MMT in all prisons</td>
<td>Frequency of repeated testing unclear. Condoms for conjugal visits or for purchase in prison stores. ART available. No NSP.</td>
<td>No MMT. Risk reduction education provided in 2 prisons in 2010.</td>
</tr>
<tr>
<td><strong>Other harm reduction</strong></td>
<td>Assessment of legal obstacles for overdose prevention with naloxone. MMT/ART integration pilot.</td>
<td>Naloxone pilot not yet implemented.</td>
<td>Limited HIV testing and counselling. ART insufficiently available. Condoms for conjugal visits or for purchase in prison stores. No NSP.</td>
</tr>
</tbody>
</table>
Institutional and management arrangements

• UNODC project office in Vilnius and Riga
• Project Steering Committee, MoH in Lithuania. Centre for Communicable Diseases and AIDS
• In Latvia, the functions of the PSC are performed by the National HIV Coordination Commission
• In Estonia no steering committee. UNODC works directly with main implementing partners, the National Institute for Health Development and the Ministry of Justice, as well as NGOs.
Small grants programme

- An important feature of the project
- Objective of the grants is to support activities that increase availability, coverage and quality of evidence-informed HIV/AIDS prevention, treatment and care interventions for IDUs and in prison settings, in particular MMT and NSP.
- Accessible
- Accounts for a considerable part of project costs (40% of total expenditure)
- Cost efficient.
Financial management and implementation

- Overall financial implementation rate is good, although the expenditure was low compared to the original budget in the first year of implementation.
- This initially affected the issuance of small grants. UNDP was responsible for authorising payments which was problematic for the administration of small grants.
- Issues resolved, did not hinder implementation of the small grants programme.
Constraints

• Monitoring of project outputs and activities during implementation was limited, due to the fact that the monitoring and evaluation framework is unclear.

• Service provision: There is a lack of financial incentives to provide MMT in Latvia and Lithuania. Restrictive authorizations for specialist prescribing for drug treatment. Both negatively affected the scaling-up of MMT in the three countries.

• Economic crisis and cuts in healthcare and prison budgets.
Outcomes

- Shaped policy responses and strategy development.
- Involving the criminal justice sector - Ministries of Justice, Ministries of Interior, Police, Prison Administrations - in national response to HIV. The project has also yielded better institutional coordination between health and justice ministries.
- Contributed to building NGO capacity and promoting the involvement of civil society in national responses to HIV/AIDS.
- Scaling-up of quality services. Although not entirely implemented, a comprehensive package of interventions has been promoted and many activities and services were initiated.
Impact

• It is difficult to attribute any change or trend in HIV transmission – the overall objective - to the activities carried out during this project given the inadequate impact measures available.
• The project is however likely to have impact on future responses given its evidence-based public health approach.
Sustainability

- Increased attention has been paid to the sustainability of activities and systems established during the course of project implementation.

- Overall, project results are sustainable. Most of the services will be continued after the end of the project, with some concerns for small grant funded activities in Latvia and Lithuania.
Lessons learned

- Interventions in prison settings: essential part of national responses to HIV/AIDS. Difficult to implement harm reduction activities in prisons. Long-term and sustained approach is needed. Results may be slower to achieve than in community settings.

- NGOs: essential role in effective national responses to HIV/AIDS. Relevant actors to implement services in prison settings and services geared towards IDUs. Improved their ability to engage with the public sector. The small grants project has substantially contributed to supporting NGOs.
Lessons learned

- Design and scope of the project.
  - The lack of a clear monitoring and evaluation framework makes it difficult to attribute results to project activities and impedes understanding of what needs to be achieved.
  - The project design also creates some confusion on how outputs are structured to meet the stated objectives.
  - Nevertheless, the choices made by UNODC on the scope of the project have proven relevant to respond to an IDU driven HIV epidemic and the urgency to start interventions in prisons. Objectives that were realistically attainable were chosen.
Best practices

• Evidence-based approaches and methodologies were confronted with the experience of stakeholders in their specific context.
• Intervisions promoted methodological discussions and consensus on what constitutes effective implementation of services.
• Advocacy was also conducted bearing in mind the benefits of participatory processes and geared towards consensus building among national stakeholders.
Recommendations for UNODC

- Carry out an ex-post evaluation of the project, for example a year after completion of the project, to provide further insights on the sustainability of activities and a reminder, if necessary, on the need to support evidence based services as part of comprehensive HIV strategies.
- Develop a sound monitoring and evaluation framework and a coherent logical framework for similar projects in order to ensure informed implementation and allow for proper interpretation of results.
General recommendations for Estonia, Latvia and Lithuania

- **Support national HIV Coordination Commissions** for the implementation of effective strategies. Include NGOs in national HIV Coordination Commissions.
- Develop support to NGOs through Government funding. Governments should demonstrate their support for the work of NGOs and promote NGO involvement in relevant areas of work.
- **Scale-up MMT and NSP in community settings**
- Broaden **authorisations for prescribing MMT** to trained medical doctors and find incentives for medical and healthcare professionals to provide drug treatment.
- Promote the **integration** of drug dependence, HIV and TB treatment services, with appropriate referral systems.
- Pursue advocacy for access and scaling-up harm reduction services in **prisons**, especially MMT and harm reduction education, condom provision and support pilot NSP projects where feasible.
- Ensure the **equivalence** of access to health care services in the community and in prisons, especially MMT. Even more so given that access to MMT in police arrest houses is possible in Lithuania and Estonia.
- Continue educational and training activities directed to prisoners and staff through relevant NGOs. The focus on harm reduction should be sustained and activities should also address psychosocial support and rehabilitation/resocialisation.
Recommendations for Estonia

• Adopt a clinical protocol for MMT in prisons and a policy document stating the basis and aims of such treatment.

• Seek to implement the planned pilot project on overdose prevention with naloxone.
Recommendations for Latvia

- Expand pharmacotherapy for opioid dependence in the community.
- Formulate a joint query on behalf of MMT centres/narcologists/Ministry of Health/UNODC to find funding arrangements for narcologists.
- Sustain funding for at-risk needle and syringe programmes.
- Ensure the availability of methadone maintenance treatment in prisons.
Recommendations for Lithuania

• Engage in dialog at political and society level on the necessity of HIV prevention and care services for IDUs and in prisons, i.e. harm reduction services, based on available evidence.

• Support the HIV coordination Commission and relevant institutions to implement an effective national response. Building on the work of the Project Steering Committee, support the Public Health Department of the Ministry of Health in this coordination role.

• Intensify cooperation between Ministry of Health and Ministry of Justice for the improvement of services in prisons, in particular methadone.